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MEDICAL ASEPSIS*

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Asepsis is usually understood by nurses to mean the absence of disease-producing germs, and while for practical purposes this meaning is correct, it is well to bear in mind that under the conditions in which many materials are prepared before being made aseptic, bacteria in greater or lesser numbers are deposited upon those materials and their dead bodies must be present there after the sterilizing process. Therefore more strictly, asepsis is the absence of living bacteria.

An antiseptic substance is one which prevents the growth of bacteria without of necessity killing them, and a germicidal substance is one which destroys bacterial life. These definitions should be kept distinct.

The natural inclination of the nurse is to connect the term asepsis with surgical technique, and indeed the association of the words is so strong that it becomes necessary to use a qualifying term to indicate that asepsis has an application to any other branch of medicine: hence medical asepsis. Asepsis is even more potent a factor in the successful management of a case of infectious disease than in the performance of a surgical operation. It is common knowledge that a person may cut a dirty finger, wrap a filthy rag and cobwebs around it and have as good healing as any "first intention" wound made by a good surgeon. It is surprising to find sometimes that a dose of billions of living staphylococci may be injected directly into the peritoneal cavity of a guinea pig without causing any apparent inconvenience. Equally astonishing is to inject a large dose of streptococci recently isolated from as abscess in man into the blood stream of a rabbit and find that the animal does not die. On the other hand, if the cut finger occurred on the hand of a pathologist performing an autopsy on a case of streptococcic septicaemia, and the injury was treated with the same contempt, a probably fatal blood-poisoning would result. It is true, too, that other strains of staphylococci and streptococci might be fatal to the guinea pig and rabbit in comparatively minute doses. But still it

*Address to Nurses' Alumnae Association of Victoria Hospital London, Ont.

may be said that at a surgical operation there may not always be a bacterium capable of causing trouble. This is in marked contrast to the infectious diseases, for here a specific germ is ever present, successful in having produced disease in one person and capable under ordinary conditions of reproducing the same disease in a second person.

Now to properly appreciate medical asepsis this point of the specificity of infectious disease must be kept firmly in mind. Diphtheria is not due to the inhalation of sewer gas but to the diphtheria bacillus; typhoid is not due to swampy water but to the typhoid bacillus; consumption is not due to "colds that settle on the lungs," but to the tubercle bacillus. An infectious disease is a matter of the transfer of the specific infective agent from person to person.

But before disease occurs that infective agent must be (1) virulent, (2) transferred in sufficient numbers, (3) it must enter the body by the right path, (4) it must overcome what general and specific resisting forces the body may possess. To understand virulence, let us return to the examples afforded by animal experimentation. The mouse is usually very susceptible to the pneumococcus, but with some strains nearly a cubic centimeter of a broth culture will be necessary to produce death. On the other hand, another strain may be found which will kill a mouse if given in a dose of only a millionth of a drop. The second culture is said to be more virulent than the first.

Virulence then is the degree of power to produce disease, and it is intimately connected with the number of the germs introduced. The higher the virulence the smaller the number necessary, so that the highest virulence is where one germ can reproduce the specific disease. This height of virulence has actually been demonstrated by one experimenter who by a special mechanical device selected a single anthrax bacillus from under the microscope, injected this bacillus into a mouse and produced the fatal disease. It is possible, then, for one single germ to cause its specific infectious disease. The object of medical asepsis is to avoid even that single possibility.

The path of entrance of the germ is also of considerable importance. With few exceptions, surgical infections are wound infections, but medical infections are mouth infections. A streptococcus which, falling into a wound may cause a septicaemia, if taken into the mouth may have no effect. Virulent diphtheria bacilli in sufficient numbers to cause disease is taken in at the mouth, may fall upon the back of the hand, dry out and die or be washed off without producing any trouble.

The defensive forces of the body, which must be overwhelmed before disease appears, are both general and specific, the former directed against all germs, and the latter against each particular germ. The power of the infective agent to overcome these is also closely related to the property of virulence. General resistance is unimportant, for

virulent germs can readily overcome it, but they usually fail to be effective against that specific resistance which many of us possess by reason of having successfully passed through the particular disease once before. To be supplied with such specific resistance as by the immunization against diphtheria and typhoid fever is a wise practical measure for those constantly exposed to infection, since accidents will happen even in the best regulated aseptic nursing.

Equal in importance to the path of entrance of the germ is the path by which it leaves the body. Observations indicate that the germs of measles, mumps, scarlet fever, smallpox, chickenpox, whooping cough, pneumonia, diphtheria, and pulmonary tuberculosis, etc., leave the body chiefly by way of the excretions of the mouth and nose. The germs of typhoid fever, cholera, dysentery, intestinal and renal tuberculosis, for example, gain exit from the body mainly in the excretions of the bladder and bowel. This unpleasant deduction is then apparent, that a person who develops an infectious disease has had introduced into his or her mouth more or less directly the excreta of the nose, mouth, bowel or bladder of some other person. Aerial transmission of a contagious disease is a negligible factor, except as it may include the projection of the excreta of the mouth and nose into the air during talking, laughing, coughing or sneezing, when fine droplets remain suspended long enough to be inhaled.

Recognizing these facts with regard to infectious diseases, the nurse's safety and responsibility become of far greater importance than when dealing with operative cases. It was at one time and may still be not an uncommon practice to place cases of typhoid fever in wards with non-infectious diseases, to be cared for by the same nurse without special instruction. It is significant that statistics show nurses to be about eight times more liable to contract typhoid fever than the general run of people, and it is to be noted, too, that the majority of typhoid fever amongst nurses occurs in probationers or those in their first year of training.

Just here it might be well to suggest that there is not enough definite information given to pupil nurses in regard to the venereal diseases.

Such instruction should come preferably early in their course. If nurses are liable to contract typhoid fever in the wards, there is certainly some danger to them from cases of syphilis and gonorrhea. The germs of the former leave the body from the lesions of the throat and mouth as readily as from any other part of the body. The gonococcus is as dangerous from a conjunctivitis as from a vaginitis. Happily, prompt specific therapy seems quickly to render syphilis practically non-infectious, but until such treatment is given, grave

danger exists of communicating it to others, and it is a duty owing to every nurse to be told what sort of case she is caring for.

The principles of asepsis are the same whether applied to surgery or medicine. In the operating room attention is concentrated on keeping the wound clean. An instrument coming in contact with an unsterilized towel must be reboiled: a dressing touched by an unclean hand is discarded: the mouth is covered to prevent contamination of the wound by mouth spray. In the contagious ward, on the other hand, it is the nurse that must be kept free from infectious material; gloves may be worn to prevent the deposit of germs upon the hands, or at any rate the hands must be thoroughly washed after touching the patient; a gown prevents the access of germs to the nurse's uniform and must be removed when she leaves that patient; a mask may well be worn to prevent the direct inhalation of the patient's mouth spray. Thus the same principles are applied, objectively in the surgical ward, subjectively in the infectious ward. The nurse keeps the patient's wound aseptic in the first case, and keeps herself aseptic in the second case. If she can keep free from specific infectious material herself she will not carry an infectious disease to any other patient

This at once points to the possibility of treating different types of infectious diseases in the same ward under the care of the same nurse. Indeed this is not merely a possibility, but an accomplished fact. To support this statement I can do no better than refer you to an article in the Journal of the American Medical Association of November 22, 1913, by Dr. D. L. Richardson, superintendent of the Providence City Hospital. In this hospital and in some English and French hospitals, different kinds of infectious diseases are cared for in the same ward, the patients being separated either by barriers, or by incomplete partitions forming "cubicles," or by complete partitions forming small rooms opening upon a common corridor. While the methods of isolating the patient vary from one hospital to another, the method of caring for them is fundamentally the same, namely, aseptic nursing. I would recommend you all to read this article of Dr. Richardson's and I shall merely make here a few quotations of special interest. First: "Every new nurse and employee who has to go into the wards is thoroughly impressed with the idea that if he gets sick it is most likely his own fault and probably due to putting his fingers or something else contaminated in the ward into his mouth." Second: "The nurses all sleep in the same home and eat in the same dining-room. When off duty, they are allowed to leave the hospital as freely as from any general hospital." Third: "Rooms are never fumigated." These quotations are selected as indicating radical differences from some of our former notions of infectious diseases, and will, I hope, stimulate your curiosity to search

out and read the original paper, where the technique of aseptic nursing in Dr. Richardson's hospital is given in greater detail than I can give here. In conclusion, however, it may be stated that this medical asepsis depends upon these basic facts:

(1) Infectious diseases are due to specific germs.

(2) These germs occur in the discharges of the diseased person.

(3) These germs are so accustomed to growth in the human body that they can exist only a short time outside the body.

(4) These germs do not have wings, but are absolutely dependent upon forces outside themselves to transfer them from patient to prospective patient.

Medical asepsis, boiled down to concentrated proportions, is very largely a matter of obedience to a simple command which your conscience should be constantly shouting: "Keep your hands clean."

NURSING EXOPHTHALMIC GOITRE AT ST. MARY'S HOSPITAL, ROCHESTER, MINN.

After spending two and a half years in special surgical work, at St. Mary's Hospital, I found the nursing of exophthalmic goitre most interesting. Of course, the nurse who undertakes the care of a patient suffering from exophthalmic goitre, should have experience in the care of nervous patients. She should establish in the mind of her patient at the very outset of her work a perfect confidence in her ability; the patient must be carefully guarded from over-exertion and excitement such as reading aloud, long conversations, etc., so her care before or after the operation is directed mainly towards keeping the patient quiet. Rest in bed is most essential, and if sitting out of bed is permitted, a wheel chair comfortably arranged for reclining is a delightful change.

Here are a few notes taken from a lecture Dr. L. B. Wilson very kindly gave the nurses on treatment before operation. Young patients, where the heart action shows uneven tension and irregularity, belladonna and quinine is ordered for temporary improvement. The X-Ray is applied over the gland, an ice cap over the heart held in position with a bandage may assist in quieting the pulse and gives great relief.

Usual preparation before operation—Soap-suds enema (no cathartics are given); morphia gr. 1-6; atropine gr. 1-150, are given hypodermically twenty minutes before operation. In ligation cases, where symtoms are severe and conditions unfavorable for operation, the blood vessels supplying the thyroid gland are ligated, one side at a time, with perhaps a week's interval, under local anaesthesia cocaine, and later the extirpation of the gland. One hour before ligation cases, morphia gr. 1-6, scopolamine gr. 1-120 to 1-150 is given. The patients are dressed in their own clothes: Ladies, nightgown, light petticoat and stockings; gentlemen, pyjamas, or under-drawers, nightgown, and stockings; taken up to O.R.; gauze completely covering the hair is tied over the

head. Nightgowns are replaced for the time of operation with loose cotton jacket. In order to relieve the upper portion of the body from blood, the patient is placed in reverse trendelenberg position for profound anaesthesia, very little ether is necessary when the morphia and atropine have been given. Atropine relieves the mucus from the trachea during the operation.

After the operation the most helpful assistance is afforded the nurse. A slip with every detail is made out by the anaesthetist, pinned to the patient's gown, and so sent back to his room. This report is indispensable, and most acceptable to intelligent nursing such as exophthalmic goitre requires. The nurse is thus prepared for emergencies, otherwise she might have many anxious moments.

Treatment—Three pillows with mackintosh and pad for protection. The patient is in half-sitting posture supported by knee pillow used by the St. Mary's Sisters, which is very conveniently made as follows : Take four to five yards of dressing gauze folded four times lengthwise, thus forming a scarf or bandage four or five yards long; around the middle of this bandage as centre is rolled a mattress protector; this consists of a quilted cotton pad size of a hospital bed mattress. The roll when complete forms a cylindrical pillow about three feet long by 26 inches in circumference from the ends of which project about six feet of bandage. These two ends are tied to each side of the head of the bed. This pillow is covered with single draw sheet and the whole can readily be taken apart and washed. Saline enema (normal salt), one quart, given slowly under light pressure for two hours, rest two hours, and continue until six quarts are given in 24 hours; for 48 hours and longer if patient is unable to take fluids freely. The salines are kept hot with glass hot water bottles placed in the ordinary enema can. The tube leading from can to rectal nozzle indicates the temperature of the saline. If the tube be four or five feet long, and hot, the nurse can rest assured the saline is properly given. Water is given to drink as soon as possible.

If symtoms are severe and salines are not retained per rectum, hypodermiclysis is employed, ice cap placed over the heart and kept on continually. Digitalis may be ordered for irregular, rapid pulse, atropine gr. 1-150 per hypo. for troublesome cough, irritation of the trachea and excessive sweating. Soreness between the shoulders and back of head can be relieved with hot water bottles. Temperature may be elevated for two or three days, pulse rapid, 180 falls 110-80 in a week or so. Restlessness, nervousness, fine tremor of hands and fingers subside to a great extent in three or four days. Diet is increased daily, out of bed in four or five days, leave the hospital for sanitorium in ten days. Patients are still bathed in bed twice daily. Mild laxatives are now given.

At no time during the first 48 hours must a nurse feel safe to sleep with both eyes.

Assurance and calmness will mean much to the recovery of the patient.

Finally a word as to registration—this has nothing to do with nursing exophthalmic goitre—but I would like to emphasize its importance. During my two and-a-half years' stay in Rochester I met a large number, possibly three or four hundred progressive nurses from all over the world, of those from the United States practically all were registered nurses. Indeed, registration has become so important in the United States that a non-registered nurse is considered decidedly second-class. —E. Weber Herman, R.N. (Class '06), in Nurses' Alumnae Journal of Winnipeg General Hospital.

Miss Violet L. Kirke, Halifax, N.S.

We take pleasure in introducing to our readers Miss Violet L. Kirke, President of "The Canadian Society of Superintendents of Training Schools for Nurses."

Miss Kirke's active interest in the profession has been apparent in the steady advancement in the educational standard in the Training School of which she is Principal; in her faithful, persevering work in The Graduate Nurses' Association of Nova Scotia as Secretary since

its inception; in her work for Registration of Nurses, as well as in her hearty co-operation in dealing with all questions that vitally affect nurses and nursing education. It was only fitting that the Superintendents' Society should honor itself and recognize Miss Kirke's valuable work and untiring energy in the interests of the profession by appointing her its President. Her rich and highly developed personality, her tact, judgment and untiring enthusiasm, and her broad grasp of the problems of the profession, make the choice a peculiarly happy one.

Before entering nursing Miss Kirke was a teacher in her native province—New Brunswick—for ten years, having graduated from the Provincial Normal School at Fredericton, N.B., in 1891. Then, having decided to become a nurse, she enrolled as a student in the Massachusetts General Hospital Training School for Nurses, from which institution she graduated in 1905.

On graduating, Miss Kirke accepted the position of Superintendent of the Fowle Memorial Hospital, in Washington, North Carolina. In December, 1907, she left this position to accept her present one of Superintendent of Nurses, Victoria General Hospital, Halifax, N.S.

We trust that many nurses are planning to go to Halifax in July. It will then be your privilege to meet Miss Kirke and talk with her face to face.

THE NIGHTINGALE CHAIR OF NURSING

The magnificent gift of 100,000 guineas made by Sir Hildred Carlile to the Endowment Fund of Bedford College, London, as a memorial to his mother, Mrs. Edward Carlile, will have far-reaching influence on women's education and evolution. The college, which has always held a foremost place amongst the women's colleges in this country, and is affiliated with London University, is now located in magnificent buildings in Regent's Park, costing £100,000, opened last year by Her Majesty the Queen. The nucleus of an Endowment Fund of £150,000 was formed by the surplus of the sum raised for the new building in connection with an appeal made by Lord Haldane, President of the Fund, and those associated with him.

Sir Hildred Carlile's gift will go far towards providing the entire sum asked for. No conditions are attached to the splendid gift except that no part of it is to be used for building purposes.

Lord Haldane in acknowledging it has voiced the opinion of many women, as well as his own, in characterizing it as "splendid and generous," and adding, "no nobler memorial to Mrs. Edward Carlile could have been established. You have placed this great college on an enduring foundation, and have thereby given great cause for gratitude from many who are much interested in its work, and from the public."

The immediate result of Sir Hildred Carlile's gift will, it is hoped, be an increase in the number of professorial chairs at the college, and it seems that no more suitable opportunity could occur to press for the recognition of the establishment of a Chair of Nursing. £600 a year is required for the endowment of a chair, but as the salary of the head of a department, of £400 a year, is saved in consequence, the balance required is £200 per annum for each new chair. By the establishment of a Chair of Nursing not only would the educational character of nurse training be thus emphasized, but no more suitable memorial could be raised to Miss Florence Nightingale, whose "supreme weapon," in the words of Miss Dock, "was education." The International Council of Nurses has already determined to raise funds for an International Memorial to Miss Nightingale to take the form of a Florence Nightingale Chair of Nursing, in connection with an English University, and nothing would stimulate more the contributions collected by the various National Councils, which will present their offerings to the President, Miss Goodrich, at the meeting in San Francisco next year, than the knowledge that their gifts would be supplemented by an authority ready to found the chair. Further, nothing could give greater encouragement to the well-trained nurses in this country, who have worked so strenuously for the uplifting of their profession, than to know that this recognition had been accorded to a profession which is proving itself increasingly indispensable both to the State and to the Community.

Nursing, in common with other branches of women's education, has suffered from the lack of those endowments which have been so generously bestowed in past centuries, and down to the present time, upon men's colleges and universities; for education is a costly matter, and the fees which pupils can afford to pay will never provide for the whole of the teaching required without additional endowments from those who recognize the supreme importance of thorough education to the community at large. This has been demonstrated in the case of medical education, for the endowment of which large sums have been given, and the education of midwives is assisted by scholarships given by public bodies.—*The British Journal of Nursing.*

THE NURSE.

By M. Q. O'Brien.

The profession of nursing occupies such an important place in the world of medicine and surgery, that a few words regarding the nurse and her work may be of interest.

The relationship between the medical profession and that of nursing is a very intimate one, as they both have for their highest aim, "to serve suffering mankind." In all ages woman, by her innate sym-

pathy and natural aptitude, has been foremost in the care of the sick. The power of the nurse in the management of disease is a recognized factor. When one thinks of the work of Florence Nightingale and numberless others, who have done so much for suffering humanity, we realize, in a marked degree, the infinite possibilities and nobility of the work of the nurse.

Man is God's noblest creature. Truly, then, caring for suffering mankind is a noble work.

Few people realize how difficult and exacting are the duties of the nurse, and fewer still appreciate the sacrifices she makes. But her reward comes in the knowledge of duties well and faithfully performed.

"It is easy enough to be pleasant
When life goes by like a song,
But the woman worth while
Is the one who will smile
When everything goes quite wrong;
For the test of the heart is trouble
And it always comes with the years,
And the smile that is worth the praises of earth
Is the smile that shines thro' tears."

The nurse must always be a student. Knowledge is power, and the acquisition of additional knowledge is essential in the practise of any profession, but particularly so in one in which changes take place so rapidly as in that of nursing. The science of medicine and surgery is making such rapid strides, that it behooves the nurse to keep pace with it, and this can only be done by study and by utilizing all that is learned from experience.

The nurse and her work have often been made the theme of poetry and romance, but the reality is infinitely prosaic. There is little romance in soothing a pain-racked body, or ministering to a mind diseased.

In her mission of alleviating pain, the nurse enters not only the homes of the sick, but reaches the hearts of the inmates, and by her example of high thinking and right conditions of living, can influence them to follow all that is highest and noblest in life. Her influence will not alone be felt by those with whom she comes in contact, but will show itself in the character and physical well-being of future generations.

The profession of nursing being one of the noblest vocations in life, the nurse should be a thoroughly Christian woman, wholly alive to the spiritual as well as physical needs of those entrusted to her care. She must ever remember that while soothing and healing the suffering body, she can do much to turn the thoughts of the patient to God and the consolations of religion, and in so doing will well merit the title so often given, the "White capped angel of mercy."

INTERNATIONAL CONGRESS OF NURSES

With 6,000 Delegates Attending, to be Held Upon the Grounds of the Panama-Pacific International Exposition at San Francisco in 1915.

A Congress of over 6,000 of the most representative nurses of all nations of the world will meet in San Francisco upon the grounds of the Panama-Pacific International Exposition in June, 1915, and will spend one week in consideration of the problems of their profession, using the exhaustive exhibits touching upon their work to be found in the Departments of Education and Social Economy, and in the Palace of Liberal Arts as working laboratories.

As these exhibits will be the most inclusive and significant along their particular lines ever assembled, and as this will be the largest and most representative gathering of nurses of all the world ever held, this Congress will doubtless have greater results in the promotion of the alleviation of human suffering than any similar gathering in the history of civilization.

This Congress will consist of the joint conventions of four great associations of nurses: The International Council of Nurses, in which fifteen nations are represented, including England, Ireland, Germany, France, Belgium, Italy, Australia, China, Cuba, and others. The American Nurses' Association, with a membership of 22,000 nurses; The National League for Nursing Education, with 12,000 members; and the National Organization for Public Health Nursing. To these four organizations, the California State Nurses' Association will act as host. Over 6,000 accredited delegates from these various bodies are expected to attend the convention, which will open May 31 and close June 5, 1915.

Space has already been allotted in the Palaces of Education and of Liberal Arts for exhibits by nurses and nursing associations, and these will consist of hospital appliances, conveniences and improvements; methods of keeping records for the inspection of superintendents of hospitals and head nurses, and registration charts for the compliance with State laws for registering nurses; statistical surveys of public health and hygiene; reports of recent legislation in promotion of public health, and the results of the same, and formal recommendations for further legislation; exhibits of literature written by nurses, such as histories of nursing, scientific treatises, and biographies of famous nurses.

Prizes have been offered for the best inventions by nurses exhibited at the Exposition. The contest will be in connection with the convention, and may be entered by any nurse of any of the fifteen nations represented in the International Council of Nurses. Any invention of any hospital appliance, or mechanism for the simplification of procedure in nursing, or the heightening of the comfort of patients, may

be entered, so long as the inventor is a nurse. Miss Genevieve Cook, President of the American Nurses' Association, has announced that Miss Jane A. Delano, prominent in both the national and international organizations, has offered a first prize of $100, and a second prize of $50 for such inventions, and the amounts of these prizes will doubtless be greatly increased later from other sources.

But the interest of the delegates to the Congress will by no means be confined to exhibits by other nurses. In the Palace of Liberal Arts the exhibits by manufacturers and producers in medicine and surgery, and in chemical and pharmacal arts, will represent all the very latest improvements in apparatus, formula and procedure. In fact, many interesting inventions and discoveries will here be made public for the first time.

In the medicine and surgery groups the exhibits will include: Appliances, instruments and apparatus for work in anatomy, histology and bacteriology; anatomical models, normal and pathological, histological and bacteriological; apparatus for sterilizing instruments and dressings; instruments and apparatus for general, special and local surgery; electricity as applied in therapeutics and surgery; X-ray apparatus; electric sterilizers, ozonizers; apparatus for plastic and mechanical prosthesis and for special therapeutics; chests and cases of instruments and medicine for rendering first-aid to wounded on field of battle; ambulance service and equipment, and the like.

In the chemical and pharmacal arts in this palace will be shown many appliances for sterilization and sanitation, including equipment and processes used in treating waste matter from factories with a view to permitting their return to water courses or the atmosphere; disinfectants and their standardization; drug preservation and sterilization; drug adulteration, and methods of detecting the same.

Probably greater interest still, especially to nurses connected with public health service, tuberculosis prevention stations, social settlements and the like, will centre in the exhibits of the Department of Education and Social Economy housed in the Palace of Education.

Here the exhibits, for the greater part, will be living exhibits, showing actual methods of procedure wherever possible. Classes illustrating methods of educating the sub-normal; including defectives and delinquents, the blind, the deaf and dumb, and the feeble-minded; and special schools for cripples and open-air classes for tuberculous children, in which actual children will be shown under the care and supervision of experts, will be conducted in especially equipped classrooms. There will also be special lectures and class work in physical training of children and adults, methods of school ventilation and sanitation, etc.

In the department of Social Economy, the statistical exhibits bearing upon eugenics, demography, and the physiological and other effects

of alcohol, drugs and tobacco, will show the last results of the most recent researches along these lines, and particularly attractive to the student will be the exhibits in state and municipal hygienes, public health laboratory work, industrial hygiene and occupational diseases, of this department.

The Emergency Hospital, situated upon the Exposition Grounds, will, under the direction of Dr. R. N. Woodward of the United States Marine Medical Service, be conducted as a model hospital, with demonstration wards in operation throughout the entire period that the Exposition is to remain open.

However, the programme of the convention will not consist entirely of the study of professional problems. Two great pleasure outings by the convention in body are planned, the first to begin with a great educational meeting in the famous Greek Theatre upon the campus of the University of California, at Berkeley, at which the faculties of this University and that of Stanford University will be present, and at which several of the foremost women of the profession will deliver addresses.

All the undergraduate nurses in hospitals in the counties surrounding the Bay of San Francisco will be especially invited to attend this meeting, and there will probably be in all over 12,00 nurses present. A feature of the programme will be the presentation of contributions by the nurses toward the fund for the establishment in London of a Nightingale Educational Memorial, in honor of Florence Nightingale, similar to the Department now existing in this country at Columbia University, New York.

After the adjournment of the outdoor meeting, a trip by chartered boats about the most beautiful points of the bay will be made, terminating at nightfall opposite the Exposition Grounds, where, after witnessing the wonderful illumination effects from the water front, the nurses will disembark at the exposition ferry slip.

Another excursion through the famous giant redwoods of Muir Woods, and to the top of beautiful Mount Tamalpais, is planned for the last day of the convention.

The great main hall of the new Auditorium at the Civic Centre of San Francisco, seating over 10,000, will be placed at the disposal of the convention for general meetings of the Congress.

Another feature of the programme will be the arrangement for separate meetings during the week of each of the various State organizations of nurses represented in the General Assembly, that preparations for urging matters of local interest at the general Congress may be made.

The "1915" Committee on Arrangements is to meet again in April of this year (1914) to complete further details of the programme for

announcement at the joint annual convention of the three American National Organizations at St. Louis, April 23-29 inclusive.

Among the women who are interested in preparing the programme for the great 1915 convention, and who will attend, are: Mrs. Bedford Fenwick of London, Founder and Honorary President of the International Council of Nurses; Miss Annie W. Goodrich of New York, Assistant Professor in the Department of Nursing and Health, Teachers' College, Columbia University, and President of the International Council of Nurses; Miss Genevieve Cooke of San Francisco, President of the American Nurses' Association; Miss Jane A. Delano, who has offered prizes for nurses' inventions; Miss Clara D. Noyes, President of the National Organization for Nursing Education; Miss Helen Parker Criswell, Chairman of the Committee of Arrangements; Miss Riddle, Editor of Nurses' Department of Modern Hospital Magazine, and Superintendent of Newton General Hospital, Massachusetts; Miss L. L. Dock, Honorary Secretary of the International Council of Nurses; Miss E. P. Crandall, Executive Secretary of the National Organization for Public Health Nursing; Miss S. F. Palmer, Editor of the American Journal of Nursing; and Miss M. A. Nutting, Professor of the Department of Nursing and Health, Teachers' College, Columbia University, and Chairman of the Nightingale Memorial Fund in America.

THE FIELD OF MENTAL HYGIENE

Mental Hygiene is a emparatively new term, very admirably selected as including both the ameliorative and the preventive aspects of effort to combat mental disease. For some years the hospitals for the insane in the various States have had on their staffs men who have a modern appreciation of the insanities as to some extent preventive and curable afflictions. This hopeful and cheering point of view is not only not yet shared by the general public, but is not even known to the great mass of the people. To preach this gospel, and to help the individuals most concerned, is the mission of the Societies or Committees for Mental Hygiene now extant or in process of formation.

The history of this movement is brief but inspiring. It originated with the founding of the Connecticut Society in 1908, due to the inspiration of the book, "A Mind That Found Itself," and to the zeal of its author, Clifford W. Beers. One year later a National Committee was founded, which deals with investigations of a national scope concerning the laws, treatment, extent, causes, etc., of mental disorders. Following this came the establishment successively of Societies or Committees in Illinois, New York, Massuchusetts, Pennsylvania, and Maryland. In addition to these, interest is aroused, and organization is being discussed in New Jersey, North Carolina, Maine, Rhode Island, Texas, Indiana, Louisiana, Michigan, and California.

What does all this signify to nurses? A new field of work is opening up to view and a special type of worker is needed to make the furrows straight and to sow the seed wisely. In the early days of any great movement the burden of responsibility on the pioneer workers is equalled only by the magnitude of their opportunity. The social service work of advice and comfort to the families of those afflicted, of mental support to those on the brink of mental collapse, of supervision and aftercare of discharged patients, is the work which most readily gains the interest and support of a community. The value to individuals thus proved, educational work for prevention is made easier. Who so well fitted for this specialized social service as a well-trained nurse, who, by her long contact with the vagaries of advanced neurasthenia and by special experience with diseased minds knows how to appreciate the attitude and needs of both the patient and his family? This is a form of social service which assuredly demands a high grade of professional training in the hygiene of both body and mind, while the distinely social aspects of the problem require also adequate preparation.

Surely the challenge to the nursing profession to bring the ripe experience of a general training to the study of mental disease has never sounded so loudly as to-day. Not alone for the elevation of the standards of nursing in the institutions for the insane, but among the vanguard of the army of those who will work to overcome the prejudices and ignorance of the general public, is the highest type of nurses demanded. The social service activities of the Mental Hygiene Societies are but one phase of the work. The campaign of education is a vital part of the movement. This requires that the subject should be clearly presented at meetings or before clubs, and by written articles, and that the interest of the community should be gained by sympathetic co-operation with existing philanthropic organizations. These diverse services will not always be demanded from the same person, but during the formative years of these new societies, it is probable that the pioneer workers will be expected to "play many parts." While the responsibility is heavy, the variety of the work makes it a stimulating and interesting position. The cry already is, "Where shall we get the right woman for the place?" Such an opportunity for independent constructive work comes seldom. Will not the Hopkins nurses prove again that the pioneer spirit is strong in our ranks? Many of our graduates have had experience in district work, some have added to that an education in social service, and the means are close at hand to acquire the needed familiarity with mental problems. With the post-graduate course offered at the Phipps Psychiatric Hospital, or the course available at the Sheppard and Enoch Pratt Hospital, Baltimore nurses have within easy reach unusual opportun-

ities for training. For any who wish to acquire a necessary training in the fundamentals of social work, and at the same time gain an insight into normal and abnormal psychology, Teachers' College, Columbia University, offers many valuable courses of lectures, and can obtain field work for special students in connection with New York hospitals.

The claims of this work will not be satisfied by the few who undertake the constructive work of these new societies. There is an increasing appreciation of the value of "after-care," and progressive hospitals for the insane are adding to their force special workers, who help to re-establish discharged patients in the ordinary routine of life, and have many opportunities of personal service. Shall we by our indifference and apathy allow this work, so distinctly a field for women trained by contact with the sick in mind and body, to be turned over to those whose experience is limited to a social training, or shall we recognize the shadow of coming events, and prepare for the demand which is coming from all quarters?

What is required of the pioneer workers? Tact, personal initiative, the ability to work in harmony with other agencies, a good nursing education, experience in non-institutional work, some ability to speak in public, thorough understanding of the principles of social work, and special training in mental disease. Details of the work and a forecast of the opportunities may be obtained from the office of The National Committee for Mental Hygiene, 50 Union Square, New York City. Will not some of our graduates make ready to play a creditable part in the great movement for mental hygiene which is spreading over the country, and so improve on the efforts of one now struggling with the problem?—V. M. Macdonald, in *The Johns Hopkins Nurses' Alumnae Magazine.*

THE SCHOOL NURSE

Dr. Thomas A. Woodbury thus summarizes the benefits of the work of School Nurses:

(1) A decrease in the spread of contagion. (2) They teach the parents, family and children, cleanliness and personal hygiene. (3) They instruct the mother in the care of her children and impress on her the benefits to be derived from cleanliness, fresh air, and right living. (4) They render more effective the efforts of the Medical Inspector, visiting the homes of the children and reporting information of the conditions found there. (5) They frequently find cases of deprivation and disease in the home which would otherwise go undiscovered and the work of the Medical Inspector would be of little advantage in the school. (6) They make it possible to treat cases of minor ailments in the school. . . . The Medical Inspector cannot give the time to following the cases into the home. In some cases he

won't do it. In other cases the families are afraid of the physician and will hide the children. The nurse, on the other hand, is welcomed and allowed to do whatever is necessary."

The first pre-vocational school in Canada was opened in Calgary at the beginning of the year. There was an enrollment of 85 pupils—39 boys and 46 girls. The pupils spend half of each day at academic work and the other half at some form of industrial activity. Pains are taken to learn the child's bent. The girls learn cooking, sewing, laundry work and general housewifery; and for the boys advanced types of manual training in woodwork, simple metal work, and a printshop are provided. A third side of the work is that leading to office occupations. To that end shorthand will be introduced, and

DR. DOHERTY, Dental Inspector, Toronto, at work in the Dental Clinic in Queen Alexandra School. This equipment was installed by the School Nurses.

much of the work in arithmetic and other subjects will have a bias towards commercial and other pursuits. Drawing will be emphasized throughout the course, as it is a means of education which is more and more being recognized as having enormous value as a measure of training and development.

This pre-vocational system aims to help those who have to leave school early to enter the industrial world. Care is taken to put no bar in the way of the child who wishes to go on to the higher schools. It is hoped, too, to lengthen the educational period for all children.

Editorial

HALIFAX, 1914

The eighth annual meeting of The Canadian Society of Superintendents of Training Schools for Nurses, and the fourth of The Canadian National Association of Trained Nurses, are to be held in Halifax, Nova Scotia, in July, 1914.

It is hoped that a large number of nurses from all parts of Canada will avail themselves of this opportunity to visit this historic old "City by the Sea."

It is, no doubt, a familiar fact that it was in 1749 that Lord Cornwallis here erected his log cabins and surrounded them with palisades. Ten years later, St. Paul's Church was built, which is still used for worship. It is the oldest Protestant Church in Canada. The Province Building was completed in 1819. Here we find the Provincial Library, and in the Council-chamber several valuable portraits of English Sovereigns, and others. Dalhousie University was founded by the Earl of Dalhousie in 1821. Halifax is the most strongly fortified British seaport in America. Over a century ago Fort George, on Citadel Hill, which is 250 feet above the level of the harbor, was begun under the supervision of Prince Edward, Duke of Kent. On the slope of this hill stands the old clock tower, also built by the Duke. Since Halifax was for many years the chief British military and naval station in America, it still remains perhaps the most thoroughly English city on the continent.

The Memorial Tower, recently erected by the Canadian Club, to commemorate the establishment of Responsible Government in Nova Scotia, may be seen just across the picturesque north-west arm of the harbor. Other places of interest are the Public Gardens, Point Pleasant Park, and several churches, schools, etc.

In coming to Halifax from the other provinces, the traveler may leave the railway at St. John, N.B., and cross the Bay of Fundy to Digby. The crossing requires only about two and a half hours, and makes a pleasant change even for the doubtful sailor. Leaving Digby by rail, the beautiful Annapolis Valley, with its fertile dyke-land farms and splendid apple orchards, is traversed. Some interesting towns are passed en route—Kentville, with its Provincial Sanitorium for the treatment of tuberculosis; Wolfeville, with Acadia University; while at Windsor we find King's College, which is the oldest University in British Overseas Dominions. At Grand Pre, one is in the heart of the Land of Evangeline, where the old well, called by Longfellow "Evan-

geline's well'' and ''the willows,'' are but a few rods distant from the railway.

Those who may be planning a vacation in July will find healthful summer resorts, at which they may spend their time restfully and pleasantly.

To all who will come a very hearty welcome is assured from the nurses of Halifax.

In the next issue of ''The Canadian Nurse'' we will endeavor to give some idea of what is in prospect for the meetings.

V. L. K.

Nurses attending the convention are instructed by the Secretary to buy first class tickets to Halifax and to ask for a standard convention certificate. These certificates will be vised at Halifax (cost 25 cents) and will entitle holder to a one-third fare return ticket. Fuller particulars to be given in next issue.

YOUR DELEGATE

The Canadian National Association of Trained Nurses has not so far been really national in anything but name. This is no fault of the officers, who have worked so nobly to make it national in character, in work, in representation, as it already is in aims and ideals. But the officers alone cannot accomplish all their hopes and plans for the nurses of Canada without the co-operation of the nurses themselves. The advancement of the profession means as much to the rank and file of the members as it does to the officers. Then it follows, that the members cannot conscientiously leave the officers to struggle alone to attain the aims and ideals of the National Association. You must support them. And that support must be real, vital, tangible, to be valuable.

How Can Such Support be Given?

Every association of nurses in Canada should contribute its quota of strength to the National Association by being affiliated with it.

Then, too, every association should rise to its duty of sending one or more delegates to the annual convention. And this is no imaginary duty that may be lightly brushed aside, for in no other way can each association do its part towards the up-building of the profession nationally and foster the national spirit in its own ranks. It is not enough that each association attain success in its own work. There is a broader obligation that must be recognized and broader duties that should not be neglected.

And each association should contribute something to the convention. There is a question on which your members want information. Then see that it comes up for discussion.

Send your delegate, see that she has your contribution to the convention, and its success in every department will be assured.

THE INTERNATIONAL MEMORIAL TO FLORENCE NIGHTINGALE

The International Council of Nurses decided, at the Cologne Congress, to raise funds for an International Memorial to Florence Nightingale, the memorial to take the form of a Chair of Nursing in connection with an English University.

The various National Councils in affiliation with the International, are taking steps to have their contributions ready for the 1915 Congress in San Francisco.

The nurses of Great Britain and Ireland are working indefatigably to collect a goodly sum, which will do them credit at the Presentation Ceremony.

The nurses of New Zealand are busy too. They call theirs the Shilling Fund. Speaking on this subject *Kai Tiaki* says: "The American, Canadian, Australasian, and Indian Nurses Nurses' Associations are joining in this great object, to have some such recognition of the profession of nursing in that greatest city of the world, which all British people must feel belongs to them, whether far away or near. We hope when the next International Meeting is held at San Francisco the New Zealand Nurses' contribution will be ready."

In the United States, Miss Nutting is convener of the committee that has this matter in hand. This is sufficient guarantee that the work will be well and faithfully done.

The nurses of Canada have not yet been called upon by the National Association for any concerted action in connection with the Florence Nightingale Memorial. That they will respond when called upon, and respond willingly and nobly goes without saying. But the time is getting very short now, and the work such as cannot be done hurriedly, so there is need of immediate action.

Education Day is to be a special feature of the Congress. Miss Dock, in giving an outline of the plans for Congress week, in *The British Journal of Nursing* says:

"I have purposely left the most important day to the last. Wednesday is to be Education Day. There will be a working program on the Fair Grounds in the morning, and for the afternoon we shall go a little distance to Berkeley, seat of the University, and in the beautiful Greek outdoor theatre we shall make our offerings to the Florence Nightingale Memorial Fund.

It was decided to concentrate our energies on this fund and event. The recent appearance of that enthralling biography, Sir Edward Cook's "Life of Florence Nightingale," brings home with fresh emphasis the immense debt of the world to that statesman-like woman, and every nurse should on that day give recognition of what she owes

her. Not only as a great nurse, sanitarian, and teacher, but also as a conscious emancipator of women we must now recognize her—one who purposely labored to set free the powers of women for useful careers. Hitherto, the memorials set up to her have been inanimate ones. Nurses will found a living memorial, which will offer to women of the future opportunities to fit themselves to carry on her work. It is planned to have nurses of every country, race, and creed join in bringing gifts, large or small, and to have them wear uniform and carry banners showing their national or State flags. Miss Goodrich plans a procession, and she and Miss Nutting proposed, what all of us warmly applauded, that the gifts should be received by the woman who first suggested the memorial, at our banquet in Cologne, who has ever worked untiringly for the higher levels of equipment for nurses as public forces of untold usefulness, and whose quick energy will leave no stone unturned until a Florence Nightingale Chair of Nursing and Health shall be fitly housed in some English College, and open to nurses of all the world. This is Mrs. Bedford Fenwick, the Founder of the International Council of Nurses."

The account which appears elsewhere of the generous gift of Sir Hildred Carlile in memory of his mother, to the endowment fund of Bedford College leads us to hope that THE CHAIR may be ready when the nurses are ready to provide for its occupancy.

THE 1915 CONGRESS

Our readers will note with interest the preparations that are being carried forward at San Francisco for this great International Congress of Nurses. Mr. Wright, the editor at the Exposition Building, at the suggestion of Miss Genevieve Cooke, editor of The Pacific Coast Journal of Nursing, kindly sent us this interesting article, which will be of assistance to our National Association when arranging for its delegates.

PUBLIC HEALTH ASSOCIATION

The annual meeting of "The Canadian Public Health Association" will be held in Port Arthur, Ontario, on September 10, 11, 12, 1914, under the auspices of "The Thunder Bay Medical Association." The work of this Association is of interest to all nurses, not only to those engaged in public health work, and many will no doubt want to plan to be present at the annual meeting.

The February number of *The Public Health Journal*, the official organ of this Association, is a special "Medical Inspection" number. The March number will also be devoted to "Medical Inspection."

Although medical inspection is only in its infancy, it is wonderful to note the rapidity with which the work has grown. Whatever benefits the child quickly appeals to those responsible for his proper development and education. Medical inspection has amply demonstrated

its worth in this connection, hence its rapid growth. These special numbers emphasize just how rapid that growth has been.

The nurses of Great Britain and Ireland have lost a staunch supporter of their cause of State Registration in the recent appointment by His Majesty the King, of the Right Hon. R. C. Munro-Ferguson, M.P., P.C., to be Governor-General of Australia.

The Rt. Hon. R. C. Munro-Ferguson, M.P., has had charge of the Nurses' Registration Bill in the House of Commons since 1905, and has lost no opportunity of advancing its interests. Lady Helen Munro-Ferguson has also taken a deep interest in this question. *The British Journal of Nursing* says: "To the readers of this journal, Lady Helen Munro-Ferguson needs no introduction. She is one of the limited number of lay-women who have taken the trouble to study the nursing question, and has brought to bear upon it her great mental powers and sympathetic insight; therefore, when she speaks upon it, whether as a member of a deputation to the Prime Minister, or at public meetings, and brings to its exposition the rare gifts of eloquence, of wit, of charm, and of knowledge which are at her disposal, she has proved herself a most invaluable ally. To both Mr. Munro-Ferguson and his brilliant wife, the nurses of this country owe a profound debt of gratitude, and it is difficult to contemplate with equanimity their departure for the antipodes."

But the nurses are encouraged for, upon the advice of the Rt. Hon. R. C. Munro-Ferguson, M.P., the Executive Committee invited Dr. A. W. Chapple, M.P., to introduce the Bill this Session, and he has kindly consented to do so. Dr. Chapple practised in Dunedin, New Zealand for twenty years. He took an active interest in State Registration of Nurses there, doing much not only to secure State Registration, but to assist in the working of the Act, which has been in force since 1901. Thus Dr. Chapple has personal experience of the benefit of State Registration and is peculiarly well fitted to undertake this work for the British nurses.

The Victorian Bush Nursing Association, Australia, proposes soon to open up several new Bush Nursing centres. The Association has added two nurses to its staff. They were sent out by the Colonial Nursing Association, London, and arrived in Victoria in January.

The Australian Massage Association has decided to apply to the Government for State Registration. In Sweden massage has long been recognized and regulated by the State. In New Zealand it has recently been given university recognition and a university course in massage has been established.

The Nursing Journal of India gives a short account of the work of the Municipal Nurses of Bombay. The municipality is divided into

ten districts, each with its municipal dispensary, doctor, nurse and general staff. The nurses help in the registration of births and bring to the notice of the District Registrar the names of parents whose infants over six months are still unvaccinated. The nurse also reports all infectious diseases that come to her knowledge. "But the most important part of her duty is to attend the confinements of poor women in her district who are, for some good reason, unable to go to hospital. The Municipal Nurse is a God-send to these poor mothers, as she steps in, in the place of the ignorant native *dhais*, the "Mother Gamps" of India, whose dreadful and criminal practices are one of the main factors of infantile mortality in the East."

"When I was a Municipal Nurse I made it my duty to get to know the *dhais* of my sections, and to give the more intelligent ones a course of simple instruction in what not to do, and it was wonderful how easily they learnt and how willing they were to listen to my advice. They always sent for me when they had a difficult case as they hadn't to pay me anything, and I never interfered with their getting their own fees. There are not nearly enough Municipal Nurses and it would be a good thing if they made it part of their duty to give a course of instruction to the more intelligent *dhais* and their daughters. For in India what the mother is, the daughter will surely become. It is *dastur* (i.e., custom) to engage *dhais* and until the people are educated to see the folly of entrusting the lives of those nearest and dearest to them, to unskilled women, *dhais* will continue to flourish. To instruct these women in a true knowledge of midwifery will confer a lasting boon on the poor women of India. But it would be a wise thing to root out stupid and careless *dhais*, who are the cause of much loss of life. I know of a case where a *dhai* ran screaming out of the room when the child was born. The child, who was born with a loop of the cord round his neck, died; the mother with the help of an intelligent neighbor happily recovered. Another *dhai*, after cutting the umbilical cord, went home, not troubling to attend to the mother. Post partum haemorrhage set in, and the mother died. On inquiry the *dhai* told me she had only been engaged to tie and cut the cord. No fees had been paid her to look after the mother. Such women should not be allowed to practise."

ANNUAL MEETING

The Second Annual Meeting of the Graduate Nurses' Association of British Columbia will be held in Victoria, B.C., on April the 13th and 14th. There will be morning and afternoon sessions on Monday the 13th, at 10.30 a.m. and at 2 p.m., and on Tuesday the 14th, morning session at 10.30 a.m. The meetings will be in the Rest-room of the Y.W.C.A. Building, and will be open to all Nurses. Good papers have been provided for the program, and Dr. A. P. Proctor, of Vancouver, will give an address on "Public Health."

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6 15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Miss F. M. Shaw, 21 Sherbrooke Street.

The report submitted by the secretary at the sixteenth annual meeting of the Montreal Branch of the Guild showed forty-eight members, five associates, and eleven honorary members belonging to the Branch. Three members, the Misses Manby, Holleck and Carr, have been transferred from branches in England, and some associates have been added to the roll during the year, i.e., Miss Belknap, admitted at the anniversary meeting; Miss Henders, from London, Eng.; Miss Kendell, from Toronto, and Miss Hawley, formerly belonging to the Ottawa Branch, who is now living in the North-West. One member and one honorary member, Mrs. Messervy and Miss Grant, have passed away. Mrs. Messervy had been connected with the Guild for ten years, was at one time district treasurer, and always took an interest in its welfare, though latterly she was not often able to attend meetings. Seven meetings have been held, besides the Anniversary Festival Meeting, on June 11th, and a "tea" given by one of the members in May. In answer to a circular letter sent to each member from England, the Branch joined in the gift to the Chaplain-General, twenty-seven members contributing the sum of $7.65.

Great regret was expressed at the resignation of Miss Stikeman from the office of Superior, which she has held since the formation of the Branch.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO

(Incorporated 1908)

First Vice-Pres., Mrs. W. S. Tilley, 157 William St., Brantford; 2nd Vice-Pres., Miss G. A. Read, 156 John St., London; Recording Secretary, Miss I. F. Pringle, 188 Avenue Rd., Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Ave., Toronto; Treasurer, Miss Julia F. Stewart, 12 Selby Street, Toronto. Directors. Mrs. W. E. Struthers, 558 Bathurst St., Toronto; Mrs. A. H. Paffard, 194 Blythewood Road, North Toronto; Miss Mathieson, Riverdale Hospital, Toronto; Mrs. Mill Pellatt, 36 Jackes Ave., Toronto; Miss M. Ewing, 295 Sherbourne St., Toronto; Miss Eastwood, 206 Spadina Ave., Toronto; Mrs. Clutterbuck, 148 Grace St., Toronto; Miss Jean C. Wardell, R.N., 84 Delaware Ave., Toronto; Miss Eunice H. Dyke, City Hall, Toronto; Mrs. Yorke, 400 Manning Ave., Toronto; Miss G. L. Rowan, Grace Hosp., Toronto; Mrs. MacConnell, 514 Brunswick Ave., Toronto; Miss Mary Gray, 505 Sherbourne St., Toronto; Miss J. G. McNeill, 52 Alexander St., Toronto; Miss C. E. De Vellin, The Alexandra Apts., University Ave., Toronto; Miss E. M. Norris, 82 Isabella St., Toronto.

The regular meeting of the Executive was held on February 25th, Mrs. Tilley presiding. There were eleven members present. The Treasurer's statement showed a bank balance of $319.89. The convener of the Legislation Committee gave a brief report of the work for Registration of Nurses in each of the provinces. Clause 18 blocks any progress in Ontario for the present. The program of the annual meeting is postponed from May to September, when the Canadian Conference of Charities and Corrections is held. The Executive wished to take advantage of the opportunity to secure some speakers, whom they could not hope to have otherwise.

The Executive has decided to ask each association of nurses in Toronto to send a representative to its next meeting, that the formation of a Toronto Chapter may be discussed. Miss G. L. Rowan was appointed convener of Nomination Committee. Miss Bella Crosby was appointed our delegate to the annual meeting of the Canadian National Association of Trained Nurses, in Halifax, in July.

The Treasurer desires to remind those members who are in arrears that the fees for the year ending May, 1914, are long overdue. Early attention to this will facilitate her work.

Will members who have changed their address kindly send notice of change to the Secretary, 30 Brunswick Avenue, Toronto.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.

Vice-Presidents—Mrs. Petrie and Miss Dunlop.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading room—The Lindsay Bldg., Room 319, 517 St. Catherine St. West.

The monthly meeting of the C.N.A. was held on Tuesday evening, March 3rd. Miss Helm was to have lectured on Social Service, but owing to her sudden removal to New York, she could not keep her appointment. Her place was supplied by Miss DesBrisay, who read a lecture on San Francisco and the Yosemite Valley, the lecture being illustrated by lantern slides.

Miss Phillips has returned from a visit to her home in Watertown.

Miss Thomson left for New York on Monday.

Let us hope many nurses are making plans to be present at the congress in San Francisco.

NIGHT DUTY

The beauty of night-service. It is the King's secret service, and a type of the hidden life. Night watchers are chosen for secret service. Indeed, day and night, your lives are to a very large extent hidden lives. You may scamp a great deal of your work without anyone being the wiser, and you may do countless little acts of service that are simply put down to the duty of a "trained nurse." Where your duty begins and ends no one can tell. You are blamed when you deserve praise; you are praised when your own heart condemns you. Well! see that you make this necessity a virtue. Your lives, of all lives, must be hid with Christ in God. And just as the sick, nervous patient may awake startled in the night, and gain quiet and confidence from the sight of the nurse close by, so may you gain that "quietness and confidence" (without which no true nurse is really strong) from the realization of the Presence of God.

"May the Lord Almighty grant you," each in your own work, your own doubts, your own difficulties, your own night duty, "a quiet night and a perfect end."—Canon Holmes "In Watchings Often."

The sixteenth annual meeting of the Board of Governors of the Victorian Order of Nurses was held at Government House, Ottawa, Thursday, March fifth, at noon. There were present between fifty and sixty delegates from all over the Dominion, and the meeting was most interesting and enthusiastic. After the business meeting, the delegates were entertained at luncheon by Their Royal Highnesses, the Duke and Duchess of Connaught. His Royal Highness presided at the meeting. Dr. Gibson presented the report of the Honorary Secretaries, in which the work of the Executive Council for the year was reviewed, and tributes were paid to the memory of Lord Strathcona, Lord Minto, and Hon. Geo. Cox.

Mr. Jno. Fraser presented the report of the Honorary Treasurers, and Miss Mackenzie the report of the Chief Superintendent. This report will appear in full next month.

The year 1913 has been one of the best in the history of the Order, and the report gives the details of the splendid growth throughout the Dominion. Dr. Bruce Smith, in a neat little speech, congratulated the Board on the reports presented.

His Royal Highness, in a few well-chosen words, drew attention to the facts of expansion and to the brightness of the future of the Order, so full of possibilities for usefulness.

All of those present were most gratified at having Her Royal Highness, the Duchess of Connaught, restored to health and able to be among them again.

The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months and may be taken at one of the Training Homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents, at 206 Spadina Avenue, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, B.C.

HOSPITALS AND NURSES.

British Columbia.

Our Registration Bill has been "thrown overboard." "So we must prepare to try again next year."

We regret to learn this, but the "steady purpose" must not be lost sight of, nor the "untiring enthusiasm" allowed to wane, for success will eventually crown your efforts and will be the more prized that the struggle for it was long and difficult.

Miss Adamson, Graduate of Vancouver General Hospital, has accepted a position in the hospital at White Horse, Y.T. Miss Adamson went north from Vancouver early in March.

Miss Colvin, Graduate of R.V.H., Montreal, who is now at St. Luke's Hospital, San Francisco, is to be the new Superintendent of Nurses at the Royal Columbian Hospital, New Westminster, B.C. She will begin her duties on the 1st June.

Miss Jessie Scott (T.G.H.), Lady Superintendent of the Royal Columbian Hospital, New Westminster, B.C., has resigned, her resignation to take effect on the first of May.

The regular monthly meeting of the Victoria Nurses' Club was held on the first Monday of March.

Miss E. H. Jones, President, in the chair.

It was decided to have our annual dance on Easter Tuesday.

The B.C. Graduate Nurses' Association will meet here on the thirteenth and fourteenth of April, Easter Monday and Tuesday.

Our Registration Bill is still in abeyance.

We are also counting on sending a delegate to the Canadian National Association of Trained Nurses in July.

A temporary hospital has been opened at Hanna.

Saskatchewan.

Miss J. B. Tripp, late Superintendent of the hospital at Swift Current, is now Superintendent of the new Municipal Hospital at Weyburn. This hospital, of between fifty and sixty beds, is very up-to-date in all its appointments—terrazza floors, no square corners, a well-equipped operating room, three diet kitchens with electric table and stoves, electric light signal system, and elevator.

The Superintendent has a comfortable suite. The staff consists of Miss Elise Campbell, head nurse, and Miss Mabel Gill, night supervisor, both Graduates of Victoria Hospital, London, Ont., and fourteen pupil nurses.

There is a small Isolation Hospital in connection.

Manitoba.

The King George Hospital for Infectious Diseases in Winnipeg, was opened for public inspection on February 26, 1914. The Hospital Board gave a luncheon to which members of the Board of Control, City Council and Hospital Commission were invited. After the luncheon, the building was inspected, every one expressing satisfaction with the very complete equipment,

Winnipeg General Hospital—Miss Louise Newcombe returned to Winnipeg in February, having spent the past few months in Los Angeles, Cal.

Miss Carrie McLachlan accompanied her patient to California in February. She expects to remain there till Spring.

Dr. and Mrs. Burridge returned in February, having spent the last year in England and on the Continent.

Miss Lumsden has left Long Beach, Cal., and is at present engaged in private nursing in Victoria, B.C.

Sincere sympathy is extended to Miss Emma Turner on the recent death of her father.

Miss Hilda Corelli, staff nurse, Winnipeg General Hospital, left in February for the Pacific Coast, where she will spend a month's vacation.

The Alumnae Association of Winnipeg General Hospital is giving a banquet at the Fort Garry Hotel on Thursday, February 26th, to the Graduating Class of 1914.

Ontario.

The Monthly Meeting of the Ottawa Graduate Nurses' Association was held at the club house on Carling Avenue on Monday afternoon, 9th February, with a large attendance.

The Ottawa General Hospital Alumnae had charge of the pro-programme, and after the entire business was disposed of a most entertaining and instructive lecture on "Ancient Rome" was given by the Rev. Dr. Sherry, of Ottawa University.

As the present club house is to be turned into an apartment house, the Association had to seek new quarters, greatly to the regret of the members and especially of those living in the house.

The club has had a most successful year, every room being filled, and we hope for equal success in the new home which has been secured at 93 Fourth Avenue.

London: The regular monthly meeting of the Victoria Hospital Alumnae Association was held Tuesday evening, March 3rd. The program called for "Practical Demonstrations," by the pupil nurses of the hospital. It was a very agreeable surprise to those present to

find that the "demonstrations" were manifested in a charming banquet. The tables in the large dining-room were tastefully arranged, the color scheme being white and gold. The neat, hand-painted menu cards pleased the eye, and the bountiful and delicately prepared dishes delighted the palate. The entertainment was much enjoyed by all present, who appreciated the good taste in the efforts of the nurses under the supervision of Miss Beatty, dietitian. Thanks are due to Miss Stanley, Superintendent of Nurses, for providing such a pleasant evening, also for the winter program, which is instructive and helpful to the nurses. Miss Stanley, by her cordial hospitality, makes the alumnae as well as the pupil nurses feel at home when within Victoria's walls.

Miss Barbara Gilchrist, late London city school nurse, is resting at her home, Shanty Bay, Lake Simcoe.

Miss Jessie Mortimer, Ashland Hospital, Ohio, was on a visit home for a week.

Collingwood: The Ann Long Nurses' Residence was formally opened on February 6th by Mr. Thomas Long, who was the generous donor. The tastefully furnished and brilliantly lighted rooms were crowded with the ladies and gentlemen who gathered to do honor to the occasion and also to take part in the good program which had been prepared.

On February 11th the nurses entertained for the first time in their new residence and a very enjoyable evening was spent.

The Kingston Nurses' Alumnae Association entertained the graduating class of the hospital at its regular monthly meeting. Miss Milton gave an exceedingly interesting paper on the origin, object and growth of the Association. She told how the Association started in May, 1896, with only six members and how the number had steadily increased. She emphasized to the graduates the necessity of loyalty to their Alumnae. Afternoon tea was served, and a social hour was very much enjoyed.

Miss Moag has resigned her position as superintendent of the Mowat Memorial Hospital for Tuberculosis, and is enjoying a rest at her home in Smiths Falls. Miss Margaret Cochrane has been appointed her successor. Miss Moag and Miss Cochrane are both graduates of K. G. H.

Miss B. J. Willoughby, K.G.H., has been recently appointed superintendent of Smiths Falls Hospital and is doing splendid work.

Miss Charlotte MacAllister, K.G.H., class '10, left recently for California on an extended visit to her brother, Rev. R. MacAllister.

At the regular monthly meeting of the Alumnae Association of the

Ottawa General Hospital, held in February, Dr. R. E. Valin gave a most interesting lecture on his impressions of a trip to Chicago and Rochester, Minn. The doctor attended the Congress of The Surgeons of North America, held in Chicago during September, 1913, and was most favorably impressed by the work at the various clinics. A standing vote of thanks was accorded Dr. Valin for his most instructive lecture, which was thoroughly enjoyed by all present.

The many friends of Miss K. Groves, graduate O.G.H., will be pleased to hear that she has recovered from her recent illness. Miss Groves is visiting at her home in Brockville for a few weeks.

A bright, cheery letter received from Miss Delia Provencher, Louisville, Ky., (St. M. H. graduate, Toronto) says she is enjoying better health, likes her new field, and is meeting with good success. Her many friends wish her a continuance of the good things.

A number of St. Michael's nurses were at the St. Valentine's Dance held at the club.

Miss Piggott, graduate of Riverdale Hospital, Toronto, who was holidaying in British West Indies, has returned to her duties in the hospital. Miss Piggott gave a very interesting account of her trip and her impression of the islands and its interesting people at the meeting of the Alumnae Association. Miss McKenzie was a welcome visitor and gave a talk in the interests of the Graduate Nurses' Club.

Miss L. Argue gave a humorous and interesting account of one day's work of a Metropolitan nurse in our busy city.

Miss Rogers has taken the position of night supervisor at Riverdale Hospital.

Miss Fogarty, who has been for a three months' visit to St. Paul, has returned to the city.

The February meeting of the Thunder Bay Graduate Nurses' Association was held at the R. M. & G. Nurses' Home, Port Arthur. There was a good attendance. A very interesting paper on "The House Fly" was given by Miss Bradley. Mrs. J. W. Cook presided. Refreshments and a social half hour closed a very pleasant meeting.

Misses Hurd and Turner have lately established themselves in the Twin Cities to do massage. These ladies come from England with very high recommendations and will no doubt work up a good practice in their special work.

At a very enthusiastic meeting of the Hamilton City Hospital Alumnae Association, held Tuesday, March 3rd, 1914, the subject of establishing a central registry was discussed. It was decided to have cards sent to every graduate of the H.C.H., asking for applicants for the position of Registrar.

Another subject taken up by the Alumnae was the omission in

the clause on the new cards of the nurses' fees, which reads: All Alcoholic, Drug or Severe Nervous cases, charge $25.00 per week, should read charge $25.00 per week or $4.00 per day.

Miss Liddy, a graduate of the H.C.H., now living in Winnipeg, and at present visiting her many friends in Hamilton, attended the Alumnae, and very kindly offered to pay one year's subscription to the central registry when started. Although Miss Liddy retired a few years ago from professional work, she still takes a very keen interest in anything pertaining to the graduates of the H.C.H.

Miss Dressell's many friends will be pleased to know she has sufficiently recovered from her operation for appendicitis to be removed from the hospital. When strong enough, she intends going with some friends to spend the balance of the winter in Bermuda.

The regular meeting of the Alumnae Association of St. Michael's Hospital, Toronto, was held March 9th, at the home of Miss Dolan, Markham Street. In the absence of the President, Mrs. O'Brien presided. There were twenty-two members present. Matters of great interest to the nurses were discussed. After the business had been attended to, Miss McKenzie, of the Toronto Graduate Nurses' Cub, spoke a few minutes about the club and its many privileges for all who become members. Then a very pleasant half hour over the teacups was indulged in. Mrs. Howard Watterworth, of Winnipeg, was at the meeting and received a hearty welcome.

The annual dance of the Toronto Western Hospital Alumnae Association, was held in the Assembly Hall of the hospital, on the evening of February 20th. It was a great success. Miss Bell, Superintendent of Nurses of the hospital, received, with Mrs. Valentine, President of the Association. Many graduates and their friends were present, as well as a number of the staff doctors and their wives.

The regular monthly meeting of the Toronto Western Hospital Alumnae Association was held on Friday, March 6th, at the Nurses' Residence, 24 Roseberry Ave., with the President, Mrs. Valentine, in the chair. There were ten members present. Matters of interest to the association were discussed at the meeting.

Miss Emma Brodie, graduate of Toronto Western Hospital, class '11, has left Toronto to reside with her parents at "Heart's Delight Farm," Chazy, New York.

The regular monthly meeting of the Toronto Central Registry Committee was held at 295 Sherbourne St., Monday, March 2nd, at 3 p.m. Miss C. Mitchell, Convener, occupied the chair. Eight members were present. Total calls for February were 353. The financial statement showed a total balance of $1,558.69.

Miss Tuckett, graduate of Toronto Western Hospital, has accepted a position in Strathcona Hospital, Edmonton, Alta.

Miss Rorke, graduate of the Orthopedic Hospital, Toronto, and P.G. of the Polyclinic Hospital, New York, has accepted the position of surgical nurse in Augusta Memorial Hospital, St. Petersburg, Florida.

Miss Hicks, graduate of Long Island College Hospital, Brooklyn, has returned to New York to do private nursing.

We deeply regret having to report the death of Miss Mary Tipping, a graduate of the Toronto General Hospital, who has been a member of the Registry for five years.

The Board of the Public General Hospital, of Chatham, Ont., has decided to build a new wing to cost about $30,000. This will provide 20 extra beds, and the third floor will be devoted to nurses' quarters.

The Board of The Amasa Wood Hospital, St. Thomas, at its annual meeting, on February 24, reported a very successful year for the hospital, under the efficient Superintendent, Miss B. Miller. The need for enlarging the institution was discussed.

A "Hard Times" party was held at the Toronto Graduate Nurses' Club for members and their friends, on February 14th. About seventy were present, and everyone enjoyed themselves. The hard times idea was carried out in detail, the rooms being lighted with candles. An old-fashioned fiddler and an "English Concertina" composed the orchestra, and the supper was baked beans, doughnuts and coffee.

Mrs. Chas. McCrea, of Sudbury, has been a guest at the club for ten days.

Miss Mary Anderson, Harper's Hospital, Detroit, Mich., has been staying at the club, while specialing her mother, who has been a patient in the General Hospital.

The Club is becoming more and more a central meeting place and social centre for the nurses. This winter they have taken full advantage of it, the usual teas and dances taking place frequently; in fact February, 1914, has been a banner month.

The Board of Health of St. Catharines is seeking to have the Board of the G. & M. Hospital take over the Isolation Hospital work.

Quebec.

Miss Lee, for some time assistant in the operating room, R.V.H., Montreal, has left to take the position of assistant superintendent in the Maternity Hospital. Her place in the operating room has been filled by Miss Patterson.

Quebec, Que., is raising funds to build a hospital for the treat-

ment of tuberculosis. The net proceeds of the Kirmess held recently was nearly three thousand dollars.

NEW BRUNSWICK.

Miss Annie Graham, graduate of Victoria Public Hospital, class 1912, has just completed a post-graduate course at Sloane Maternity, New York, and is at her home at Gagetown, N.B., for a rest before taking up work again.

Miss Gertrude MacKinnon has gone to Corey Hill for post-graduate work after two years of private duty. Miss MacKinnon graduated in class of 1912.

Miss Madeline Spencer, who graduated in class of 1911, has been confined to her home at the Rectory at St. George with typhoid for past three months, but we hear she will soon be able for duty again.

A new City Hospital is to be built at Newcastle, Northumberland County this summer.

We are expecting to build a new maternity wing at Victoria Public Hospital this year.

At Stouffville, Ont., on December 31, 1913, Miss Ella Degeer, graduate of Toronto Western Hospital, class '12, to Mr. Edward Wettlauffer.

Miss Gertrude B. Johns, Altoona, Pa., a graduate of the West Penn. Hospital, Pittsburg, Pa., Post-Graduate of Neurological Institute, New York, N.Y., also a graduate of the Penna. Orthopaedic Institute, and School of Mechano-Therapy, Inc., Philadelphia, in the Swedish System of Massage, Medical and Orthopaedic Gymnastics, Electro- and Hydro-Therapy, has been engaged to teach Massage to the nurses in training at the Altoona Hospital, Altoona, Pa.

Miss Nora F. McMahon, Atlanta, Ga., a graduate of the Penna. Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, in the Swedish System of Massage, Medical and Orthopaedic Gymnastics, Electro- and Hydro-Therapy, has been placed in charge of the mechanical department at Hampton Sanatorium, Hampton Springs, Fla.

Mr. Francis E. Boerke, Brooklyn, N.Y., a graduate of the Penna. Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, in the Swedish System of Massage, Medical and Orthopaedic Gymnastics, Electro- and Hydro-Therapy, has been engaged to take charge of the Hydriatic Department at the Stockton State Hospital, Stockton, California.

The Phipps Psychiatric Clinic of Johns Hopkins Hospital, Baltimore, has engaged two additional graduates of the Penna. Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, in the Swedish System of Massage, Medical and Orthopaedic Gymnastics,

Electro- and Hydro-Therapy, for their mechanical and hydriatic departments, Miss Katherine Hoffman, formerly of Walla Walla, Wash., also a graduate of the Elsworth Hospital, St. Joseph, Mo., and Mr. Jeremiah T. Minahan, of Philadelphia.

Miss Lillian L. Bamforth and Mr. William R. Dittmar, both of the Nurses Training School, State Hospital, Norristown, Pa., and both graduates in Hydro-Therapy of the Penna. Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, have been placed in charge of the Hydriatic departments at the State Hospital, Norristown, Pa.

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Staff Nurse to be Sister: Miss C. V. S. Johnson.

C. W. Hecker, Matron-in-Chief.

MARRIAGES

On January 10th, 1914, at Ottawa, Ont., Miss Mary Edna MacCaul, graduate of House of the Good Samaritan, Watertown, N.Y., class '07, to Mr. Bruce Vivon Moore.

At Manor, Sask., on January 14, 1914, Mary Ethel Cunningham, graduate R.V.H., Montreal, class '09, to Mr. George Wilson Cristie.

At Ivanhoe, Ont., on February 25, 1914, Miss Ethel Wood, graduate of General Hospital, Kingston, Ont., class '11, to Mr. Frederick J. A. Blackburn, of Truro, N.S.

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Superintendent of Hospital—M. M. Victoria.
Superintendent of Nurses—Sister M. Attracta.
Number of Beds—Three hundred and seventy-five.
Graduate Nurses on Staff—Nine.
Pupil Nurses—One hundred and ten.
Term of Training—Three years.
Branches of Training—Medical, Surgical, Gynaecological, Obstetrical, Dietetics, Eye, Ear, Nose and Throat.

HOSPITAL—The General, Sault Ste. Marie.
Established—1898.
Superintendent of Hospital—Sister Hawlar.
Superintendent of Nurses—Sister M. Dorothea.
Number of Beds—Ninety.
Graduate Nurses on Staff—None.
Pupil Nurses—Fourteen
Term of Training—Three years.
Branches of Training—Medical, Surgical, Obstetrical.

HOSPITAL—St. Joseph's, Port Arthur.
Established—1885.
Superintendent of Hospital—Mother Monica.
Superintendent of Beds—Eizabeth Regan.
Number of beds—Eighty-five.
Graduate Nurses on Staff—Four.
Pupil Nurses—Fifteen.
Term of Training—Three years.
Branches of Training—General.

HOSPITAL—St. Vincent de Paul, Brockville.
Established—1904.
Superintendent of Hospital—Sister M. Clement.
Superintendent of Nurses—Sister M. Eulalia.
Number of beds—Eighty.
Graduate Nurses on Staff—Ten (Sisters).
Pupil Nurses—Six Sisters, eleven other pupils.
Term of Training—Three years.
Branches of Training—Medical, Surgical, Obstetrical.

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Superintendent of Hospital and Nurses—L. I. Uren.
Number of Beds—Eighty.
Graduate Nurses on Staff—Two.
Pupil Nurses—Twenty.
Term of Training—Three years.
Branches of Training—Medical, Surgical, Gynaecological, Obstetrical, Dietetics, Eye, Ear, Nose and Threat.

HOSPITAL—The General, Stratford.
Established—1891.
Registered—1905, in Albany, N. Y.
Superintendent of Hospital and Nurses—Lola M. Weldon.
Number of Beds—Sixty-six.
Graduate Nurses on Staff—One.
Pupil Nurses—Eighteen.
Term of Training—Three years.
Branches of Training—Medical, Surgical, Obstetrical.

HOSPITAL—The General, Brantford.
Established—1884.
Registered—1884, in Brantford.
Superintendent of Hospital and Nurses—Margaret M. Carson.
Number of Beds—Sixty.
Graduate Nurses on Staff—One.
Pupil Nurses—Eighteen.
Term of Training—Three years.
Branches of Training—Medical, Surgical, Obstetrical and Contagious.

HOSPITAL—The General, Brockville.
Established—1888.
Registered—1888, in Brockville.
Superintendent of Hospital and Nurses—Gertrude M. Bennett.
Number of Beds—Sixty.
Graduate Nurses on Staff—One.
Pupil Nurses—Sixteen.
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Branches of Training—Medical, Surgical, Obstetrical.

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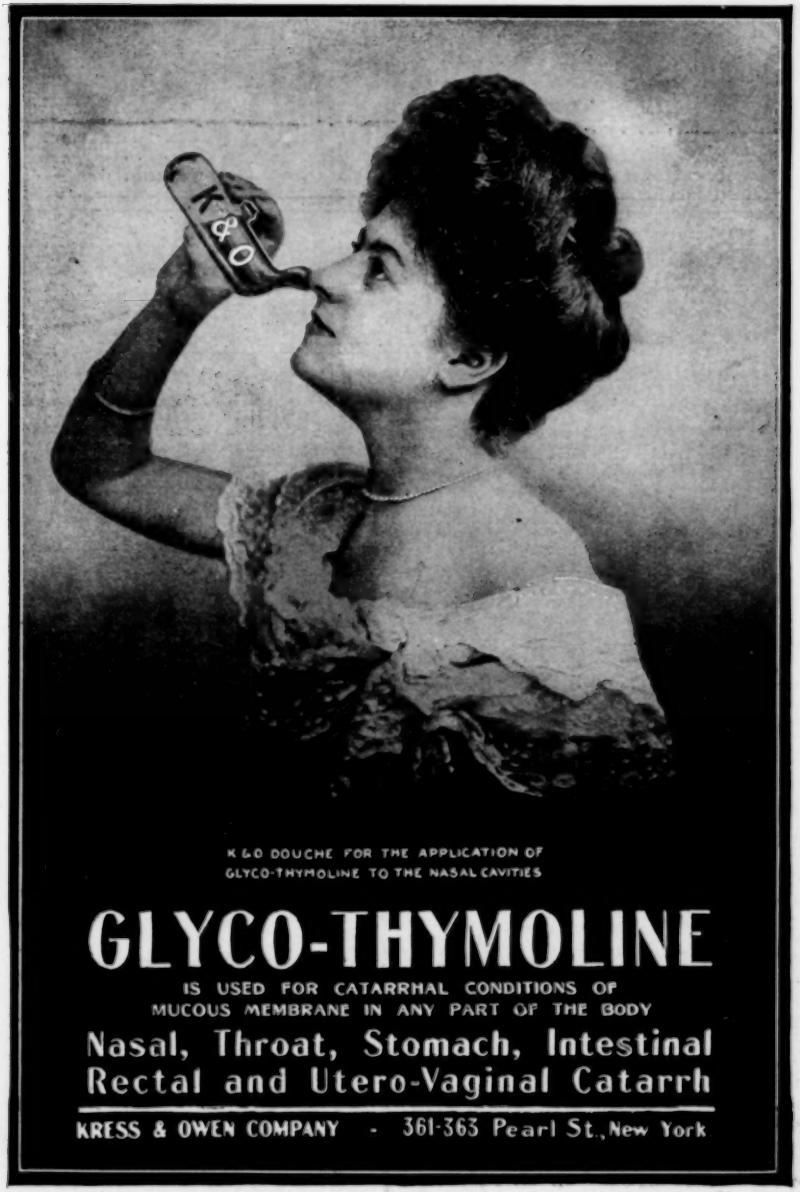
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